

RECORD OF TRAINING

To be completed by the trainee and the hospital. Please attach together with the Application Form for submission to the Joint Specialty Fellowship Examination in Orthopaedic Surgery.

Important Notes:

- 1. Please count the training period up to the date of the Examination.**
- 2. Please mark with an asterisk (*) at the beginning of the row for six months of rotational training arranged by the College.**

1. Minimum of twelve months' training in an approved post in General Orthopaedics:

Hospital	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Name of Supervisor/ Training Director	Signature & Official Chop of Hospital

2. Minimum of eighteen months' training in an approved post in Musculo-skeletal Trauma:

Hospital	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Name of Supervisor/ Training Director	Signature & Official Chop of Hospital

3. Minimum of three months' training in an approved post in Hand Surgery:

Hospital	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Name of Supervisor/ Training Director	Signature & Official Chop of Hospital

4. Minimum of three months' training in an approved post in Paediatric Orthopaedics:

Hospital	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Name of Supervisor/ Training Director	Signature & Official Chop of Hospital

5. Minimum of three months' training in an approved post in Rehabilitation:

Hospital	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Name of Supervisor/ Training Director	Signature & Official Chop of Hospital